

OUR MISSION

Honoring every moment of life, Pathways Hospice, provides compassionate, excellent, comprehensive care for those who have an advanced medical condition and those who are grieving.

OUR VALUES

We honor life through: Compassion, Respect, Integrity, Excellence, Stewardship

INSIDE THIS ISSUE

PATHWAYS HOSPICE WOULD LIKE TO WELCOME NANCY MOULTON

AGENCY UPDATES

VOLUNTEER EDUCATION

VOLUNTEER SERVICE UPDATES

RECOMMENDED BOOKS IN PATHWAYS LIBRARY

PATHWAYS HOSPICE - CALENDAR OF EVENTS

PATHWAYS HOSPICE WOULD LIKE TO WELCOME NANCY MOULTON

OUR NEW VOLUNTEER SERVICES COORDINATOR



Nancy Moulton
Volunteer Services Coordinator
970-292-1068



Sarah Van Etten
Volunteer Services Director
970-292-2378

HERE SHE IS IN HER OWN WORDS:

Hi! My name is Nancy and I have 3 grown children, 2 girls who both married in 2009, a son who works at Foothills Gateway, and a remarkable husband named Allen who has been traveling the journey with me for 28 years. Allen and I raised our family in Eau Claire, WI where we ran an entertainment center, called Moulton's Skate America. In 2001 we called Loveland, CO home, and we became owners of 4 Curves Fitness Centers in Loveland and Fort Collins. My work experience has also included integrating the Stephens' Ministry into my church back home; recruiting for a social service agency and the most recent

avored position was serving as a volunteer for Pathways Hospice. Here I am now as your Volunteer Coordinator. I am thrilled to partner with you to bring excellent care to our patients and families.

Nancy will be the main point of contact for volunteers working at the Care Center, events and for those providing administrative support. She will also be partnering with Sarah with the other aspects of the volunteer office. Sarah will still be the main point of contact for the patient/family care, grief support and courier volunteers.

AGENCY UPDATES:

FHSSA Update:

Our partnership with Bulawayo Island Hospice in Zimbabwe is progressing well. Major accomplishments to date have included:

- Raised over \$8,000 dollars for essential operating expenses including paying nurses salaries, medicines, food stipends, equipment, etc!
- Setting a target time-frame for our first trip. Due to the political situation in Zimbabwe and then the Cholera outbreak, our initial trip was postponed and we are now planning on travelling next spring.
- Setting the date and actively planning our first big event – A Sunset Safari. See the

continued next page

ad on this page for more details. Call if you would like more information and/or would like to attend!

If you would like to participate on the FHSSA committee, call the volunteer office for more details! It's fun and does not require fundraising experience. We would love to have more volunteers on the committee.

VOLUNTEER EDUCATION

Disenfranchised Grief

In the death of a spouse we would expect the husband or wife left behind to grieve their loss. Their family and friends would be there to support them and assist them in any way possible. But what about the neighbor who spoke to the deceased over the fence while they tended their lawns? Does he have the right to grieve? Will he feel that his grief is allowed given his relationship? Consider another scenario; Mary was a long time drug abuser who recently died from an overdose. She left behind her parents and a sibling who were aware of her drug problem. Although the people around the family are very supportive, how would society in general view the death? Think about one more situation. A beloved family dog passes away, how will the people around the family view their loss? Will everyone be supportive of their grief? Circumstances, similar to those above, can lead to what is called disenfranchised grief. To disenfranchise is to deprive the rights of a citizen. Disenfranchised grief is to deprive a person of the right to grieve. This particular type of grief is caused by judgments made by society based on the circumstances surrounding the loss. Those judgments restrict how openly an individual or family will express their grief. It also impacts the amount of social support that is available to the bereaved. There are several areas within a loss that may lead to disenfranchisement.

1. The relationship to the deceased, e.g. not seen as close or is not socially accepted, death of an ex-spouse, death of gay partners, etc.
2. The type of loss, e.g. perinatal deaths, pet loss, etc.
3. The person who is grieving may not be seen as capable of it, e.g. young chil-

- dren, people with mental disabilities
4. The circumstances of the death, e.g. suicide, drug overdose
 - the loss may seem too intense for people to want to talk about or listen to the bereaved (murder, suicide)
 - people make judgments/opinions based on the circumstance thereby disenfranchising the bereaved (AIDS, drug overdose, abortion, suicide)
5. The way the bereaved is grieving, e.g. when too much or too little emotion is shown

We can all do something to help those who may be experiencing disenfranchised grief. First and foremost be nonjudgmental. It is important to acknowledge the loss that has been suffered no matter the circumstances surrounding the death. The bereaved has lost someone significant in their life and they will need nonjudgmental support while they mourn that loss. Additionally do not forget a mourner who one may think is too young to grieve their loss. They too will need support while they cope with the absence of a loved one. Third, do not judge the deceased because of the way they died. Although those opinions are not directed towards the bereaved they will feel the impact of those judgments. Lastly, let the person grieve in their way. Whether that is by sobbing or sitting quietly we all express our emotions differently. Remember, there is no wrong way to grieve.

Maintaining Good Boundaries in Hospice Work

Following are some "Dashboard Indicators" – good questions to ask yourself to ensure that you are respecting your own boundaries and those of the patient/family/clients that you serve:

- "Is the question/comment/action something I'm doing for me or for the patient/family member? ie: "Who is really going to benefit from this?"
- "Is this something that the patient/family initiated or was this my idea?"
- "How free is the patient to decline my offer/conversation/request?"
- "Will I feel free to share this with my co-workers?" or "How might a co-worker that I trust respond in this situation?"
- "Do I feel comfortable, deep down, with this?" and "Can I tell that the patient/family member is comfortable with this" ie: "How is my gut reacting to this?"

- Joe Nichols, Pathways Hospice Admissions Counselor

– presented during the Boundaries workshop in May.

VOLUNTEER SERVICES UPDATES

Care Conferences Protocol for Patient Care Volunteers:

Social workers have been asked to start inviting volunteers to patient care conferences. A question came up recently about what the volunteer role was at these conferences and questions about what they were in general. Care conferences are meetings between the family and caregivers, the patient, the hospice team (RN, SW, Chaplain, etc.) and the nursing home staff (if the patient is in a nursing home.) Sometimes, Dr. Allen will attend these meetings if there is a medical issue. The goal is to get everyone on the same page concerning the patient's care, evaluate patient's goals and ensure that they are being met and to problem-solve any issues that may have arisen. Nursing homes are required to have care conferences for all patients on a quarterly basis. Home care patient's are not and Pathways Hospice usually holds these conferences only on an as-needed basis.

Volunteers, as important members of the care team, are encouraged to attend. The goal in having the volunteer attend is for you to add input as appropriate and to gain an understanding about what other members of the team are working on. If the volunteer has serious issues either with the care-giving of the family or nursing home staff, it is probably a better idea to talk to the social worker ahead of time and let them present this either in the care conference or at another more appropriate time. Care conferences are probably not the best place to "drop bombs" as it were. Occasionally, the team may feel that there is an especially delicate family or patient issue that leads them to want to limit the number of people at the care conference to only those essential to this issue. In this case, the volunteer may not be asked to join the meeting but a member of the team will get in touch with the volunteer after the conference and provide an update.

If you have any additional questions, don't hesitate to contact Volunteer Services.

Integrating Volunteers into the Patient Care Team:

New! Volunteers are invited to come over to the hospice offices on Carpenter and review the medical chart. This is in an effort to get the "big picture" and read what the other team members are working on. Please check in with Volunteer Services on your first visit for assistance.

Just a reminder to the volunteer that if you have questions about your assignment, don't hesitate to call the social worker and/or nurse on your team! The social workers do receive copies of your progress notes but it is always a challenge to keep the information flowing in your direction.

Recruiting New Volunteers:

There are a couple of areas of service that we will be looking to recruit new volunteers. Your recommendations are always the best referrals! If you know any potential volunteers in the following areas and/or with the following skills, we would appreciate the connection.

East Team: We are looking for volunteers in the communities that we serve east of I-25 (Windsor, Johnstown, Timnath, Ault, etc.) If you know any folks in these communities that you think would be a good fit for our organization, pass this information along!

Beauticians: We have two wonderful beauticians on our volunteer staff (thank you Linda and Lora!) that provide such an important service. If you know any beauticians that would like to donate haircutting services, we would love to recruit a couple more to share the joy.

Massage Therapists: Once again, an incredible thing to be able to offer our patients. If you know of any massage therapists that would be willing to donate their service, our patients will heap them with love and appreciation. The time commitment is generally 30 minutes (or one massage) per week.

Web Programs:

We are offering 2 educational on-line courses offered by Hospice Education Network (HEN) through Colorado Center for Hospice & Palliative Care. Courses are available until July

24, 2009 and can be accessed from your home computer or you can set a time to use a computer in the volunteer office at Pathways Hospice. Topics currently offered are:

Cultural Considerations at End-Of-Life:

This course explains how different cultures affect the needs and reactions of patients and their families. It encourages the viewer to take an inventory of their own beliefs so they are able to step outside those and better assist their clients.

Depression in the Dying: This program is designed to assist the learner in understanding the differences between sadness and depression. The speaker discusses the demographics of depression among distinct populations providing hospice staff and volunteers identifiable risk factors for depression in patients at the end of life. Symptoms and treatments for depression are also examined.

To access these programs, go to:

www.hospiceonline.com

Click LOGIN link in upper left corner.

Enter your following information:

Organization: **Pathways123**

Login: **pvolunteer**

Password: **real835**



Clark's Nutcracker

Photo by volunteer, Eleanor Oyen

RECOMMENDED BOOKS IN THE PATHWAYS LIBRARY

The Art of being a Healing Presence
by James Miller

Shows how a difference can be made in the lives of others by learning to be present in a way that is healing, nurturing, and potentially even transforming. Seven steps to being a healing presence are explained, including opening oneself, making the intention, preparing a space, honoring the other, offering what you have to give, receiving the gifts that come, and living a life of wholeness and balance. The book includes whole pages of quotations interspersed throughout. It's full of essential information, yet still easy to read.

*Ideas of books to share with your patients
(also found in the Pathways library)*

**The World According to Baxter Black –
Quips, Quotes and Quirks**

Cowboy stories and humor with plenty of baxterisms!

Calvin and Hobbes Sunday Pages
1985-1995

There's something about Calvin & Hobbes that just exudes innocence and a simpler life.



Photo by volunteer, Eleanor Oyen